DISTINGUISHED SERVICE

The recipient of this award is an individual or organization (public or private) recognized for <u>extraordinary</u> contributions in advancing the empowerment and employment of people with disabilities. Nominees should have contributions in support of people with disabilities <u>spanning 10 or more years</u>.

Two (2) letters of support must be included with each nomination.

| NOMINEE'S NAME: | | | | |
|---|---------------|----------------|------|-----|
| | (Organization | or Individual) | | |
| NOMINEE'S ADDRESS: | | | | |
| Addre | ess | | City | Zip |
| NOMINEE'S PHONE: | | EMAIL: | | |
| NUMBER OF YEARS THE NOMINEE HAS BEEN INVOLVED IN SUPPORT OF PEOPLE WITH DISABILITIES: | | | | |
| NOMINATION SUBMITTED BY: | | | | |
| ADDRESS: | | | | |
| PHONE: | EMAIL: | | | |

1. Tell us about the nominee's activities, which have contributed to improving employment and independent living opportunities for individuals with disabilities.

